

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

1052173
(APPLICANT(S))

FILING DATE

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1							51						
2		1						52						
3	1							53						
4		1						54						
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47								97						
48								98						
49								99						
50								100						
TOTAL IND.	3		5		5			TOTAL IND.		5		5		
TOTAL DEP.	17		↔		↔			TOTAL DEP.		↔		↔		
TOTAL CLAIMS	20		██████████		██████████			TOTAL CLAIMS		██████████		██████████		

Best Available Copy